MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005938

DO NOT WRITE ON THIS STUB	AMENDED			ı	_ R	egistration District No	. //6 Prin	nary Reg	gistration D	strict No. 30 20	Registrar's No.	_3/		STATE FILE NU	MBER
			-	1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before					
VS 300	O						nklin							asconade	
Rev. 4/59	ENDED			•	_		rporate limits, give TOWN	SHIP on	fu) [(ength of stay in 1b	c. CITY	oull	u	rasconaut	
, ,			1			()P		SHIF OIL	'9'		OR				Inside Limits
7. 2.	. ¥				_		nington			1 hour		rensv i ll	.e		Yes. 【 No □
<u> 2365</u>	Į,	1 1				c. FULL NAME OF (IF	NOT in hospital, give loca	tion)		Inside Limits	d. STREET ADDRESS	=		ive location)	Reside on Farm
20.370	¥		1			# S MOITUTITZAI	Francis Hospital Y № 10 No 🗆			206 E. Lind			.n	Yes □ No [X	
<u>~~370</u>	2 PAO	╌┼	 —												
3 ,					3. NAME OF DECEASED (Type or print)	First Middle			Last 4. DATE OF			Month Day Year			
		1 ľ	1.				Orville		Jo:	nes	b • 1				
<u> </u>					5	S. SEX	6. COLOR OR RACE		Narried 🔯	Never Married	8. DATE OF BIRTH	9. AGE (last b		IF UNDER 1 YEAR	
5 1		ll	1 1			male	white	Wi	dowed 📋	Divorced 🔲	9-13-188	38 74		Months Days	Hours Min.
		1			10		(Give kind of work done	10b. K	IND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (country).	12. CITIZEN OF V	WHAT COUNTRY
6 9	2					during most of working	g life, even if retired)	1		products	l			TT C .	
	5			Į	13	a. FATHER'S NAME	machinist	<u> </u>		HER'S MAIDEN NAME	Bourbor		AME OF H	USBAND OR WIFE	
7 0	∜∣.		1										_		
8 7	4		1			Marshal J				<u>not kno</u>		<u> May</u>	<u>r D.</u>	Crowder	Jones .
	2	l			15	es, no, or unknown) I (If	IN U.S. ARMED FORCES? yes, give war of dates o		10. SOC	IAL SECURITY NO.	17. INFORMANT	_		ddress	
9420.1	ا ب									131	Mrs. May	7 D. Jor	les C	<u>)wensvil</u>	
	► 18. CAUSE OF DEATH (Enter only one cause p							SET AND DEATH							
_10	1			3									フィノ		
11	्र ि	[·	1	31		IMMEDIATE CAUSE (a) Well Proposition (18) Desprison 241									
10.7	FAD			MUDOG		m 11.1				1 sulle	n And	be all	-,	seco	,
122-0	Conditions, it any,														
12	ΞĽ	which gave rise to above cause (a), stating the under-							•						
139-0			\top			lying c	ausa last. DUE TO (/ //	<u> </u>	alder of		علاهم	C Com	<u> </u>
	5				중	PART II	OTHER SIGNIFICANT C	ONDITION	ONS CONT	RIBUTING TO DEATH	H but not related to	the terminal	PART 11	II. If deceased v	was female was cv in last 90 days.
Į.	,				CATION	disease condition given in PART I (a) there is pregnancy in last 90 days.									
12		1							******	1 001 DECCRIPE HOW	M INTERNATIONAL	17-4		<u> </u>	
	[!			CERTIFI	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICID	E HO	MICIDE	206. DESCRIBE HOV	W INJURY OCCURRED	. (Enter nature of	injury in i	PART I OF PART II	or nam to.)
		!			l" . I	YES 🗆 NO 🙇									
BLACK INK OR RITER RIBBON AMENDMENTS					. 3	20c. TIME OF Hour	Month, Day, Year					•			
	١,		1		핕	p.m.	j	•	_			<u> </u>			
				-	`	20d. INJURY OCCURR	D 20e. PLACE	OF INJ	URY (e.g., i	n or about home, 2 e bldg., etc.)	of, CITY, TOWN, OR	LOCATION		COUNTY	·STATE
¥ &			T I			WHILE AT WORK NOT WHILE AT V	VORK	iacioi y,	au., 01	J., J.,					
3 % #	READ				ĺ	,	79	7 5	-9	2	13-63 an	ner ner		2-/3-	63
	Æ	1		-,	١ ١	21. I attended the de	ceased from			, 10 /	-			dadaa faan tha sa	
_	9					Death occurred at		1		m on the	e date stated above	ind to the best of	my know	riedge, from the ca	
USE	쿴.			გ		22a SIGNATURE	(Deg	or or	title	7	22b. ADDRES				22c, DATE SIGNED
USE BLACK OR TYPEWRITER	SHOULD	1		ĭ		(0)1/20	101		M	My		ral	a		x-13-63
-			\perp	⋝	72	a. BURIAL, CREMATION,	23b. DATE	23	C NAME O	F. CEMETERY OR CRE	MATORY	3d. LÓCATIÓN (City, town	, or county)	(State)
	NO.			BY AFFIDA		REMOVAL (Specify)		. ਜ਼	dinh	ing Comot	OWIT II	Edinburg	r. Oh	าร์ด	
						burial FUNERAL DIRECTOR	<u> 2-16-1963</u>) LL	<u>u TIIDL</u>	125. DAT	ery I	EG. 26. REGIS	TRAR SOL		
	EW				. 24 ?		oeter Funer			-5. 5	2/1/13		. /	Pilano	7
	IF,							<u> </u>	110106	<u>i</u>	7/6/62	- Well	na	- COUR	muns
•				-	-	Owensville	9. MO.		// leese	ad Embalmar's Statem	sent on Reverse Side)				

E361 2

You.

WENSUILLE Mg

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No.:
workin	ng under my personal supervision.	
Studen	Signature of Student Embalmer	Signed Miller AN Palanter
		15 N 3 8 3 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.